24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Priorities USA Action					
	C C00495861				
Check if X 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y				
Full Name of Payee	Date of Public Distribution/Dissemination				
FUSE	M M / D D / Y Y Y Y				
Mailing Address 802 N 1st St	10 20 2016 Amount				
City State Zip Code	3500.00				
Saint Louis MO 63102-2529	Transaction ID : VNTYH9TTFT8 Date of Disbursement or Obligation				
Purpose of Expenditure Video Production (Estimate) Category/ Type	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District: 00				
TRUMP, DONALD J, , ,	President Senate State: 00				
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
Ralston Lapp Media, LLC	M = M / D = D / Y = Y = Y				
Mailing Address 1054 31st St NW	10 20 2016				
Ste 430	Amount				
City State Zip Code	4878.71				
Washington DC 20007-6042	Transaction ID : VNTYH9TTG13 Date of Disbursement or Obligation				
Purpose of Expenditure Video Production (Estimate) Category/ Type	10 20 / 2016				
Name of Federal Candidate Support Office	ce Sought: House District: 00				
TRUMP, DONALD J, , ,	President Senate State:00				
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	8378.71				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Speed, Greg, , , [Electronically Filed] Date	10 21 Y Y Y Y Y Y Y				
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXPEND	TIONES		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Priorities USA Action			C	C00495861
Check if 24-hour report 48-hour re	eport X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Ralston Lapp Media, LLC			M = M	ic Distribution/Dissemination
Mailing Address 1054 31st St NW			10 Amount	20 2016
Ste 430				
City Washington	State DC	Zip Code 20007-6042		4878.71 ID: VNTYH9TTG88 ursement or Obligation
Purpose of Expenditure Video Production (Estimate)		Category/ Type	Date of Disb	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
AYOTTE, KELLY A, , ,		X Oppose		Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7 7	132104.21	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee Shorr Johnson Magnus			M = M	ic Distribution/Dissemination
Mailing Address 100 N 20th St			10	20 2016
Ste 201				
City Philadelphia	State PA	Zip Code 19103-1454		5488.20 D: VNTYH9TTH06 ursement or Obligation
Purpose of Expenditure Video Production (Estimate)		Category/ Type	10	/ 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TRUMP, DONALD J, , ,		x Oppose	✗ President	Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	10	02620291.80	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		. >	10366.91
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Speed, Greg, , ,	[Electron	ically Filed] Date	10 / 21	2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INDENT EXICIO	ITOTIES		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Priorities USA Action				C00495861
Check if 24-hour report 48-hour re	port New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Shorr Johnson Magnus			M 10	
Mailing Address 100 N 20th St Ste 201			Amount	
City	State	Zip Code		5488.20
Philadelphia	PA	19103-1454		tion ID: VNTYH9TTH30 Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate)		Category/ Type	Date of	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TOOMEY, PATRICK JOSEPH, , ,		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		75753.95	Disbursement F 2016 Other	For: Primary X General er (specify) ▶
Full Name of Payee Shorr Johnson Magnus			Date of	
Mailing Address 100 N 20th St				20 2010
Ste 201			Amount	
City	State	Zip Code		14310.78
Philadelphia	PA	19103-1454		ion ID: VNTYH9TTQ57 Disbursement or Obligation
Purpose of Expenditure Video Production (Estimate)		Category/ Type	10 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
TRUMP, DONALD J, , ,		x Oppose	X President	t Senate State:00
Calendar Year-To-Date Per Election for Office Sought	11	02620291.80	Disbursement F 2016 Othe	For: Primary Seneral er (specify) .
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		.	19798.98
(b) SUBTOTAL of Unitemized Independent	Expenditures			7 1 7 1 7 1
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				4 4
(c) TOTAL Independent Expenditures			·	49- 1 49- 1 48-
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Speed, Greg, , ,	[Electron	ically Filed] Date	4.0	21 2016
- griataro				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities USA Action	C C00495861
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Targeted Platform Media LLC	Date of Public Distribution/Dissemination
Targeted Flation in Media LLC	10 20 2016
Mailing Address 1291 Hollywood Ave	Amount
City State Zip Code	172609.50
Annapolis MD 21403-4909	Transaction ID : VNTYH9TSH57 Date of Disbursement or Obligation
Purpose of Expenditure TV Ad Buy (Estimate) Category/ Type	10 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Platform Media LLC	10 20 2016
Mailing Address 1291 Hollywood Ave	Amount
City State Zip Code	63750.00
Annapolis MD 21403-4909	Transaction ID : VNTYH9TV2W4 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ad Buy (Estimate) Category/ Type	10 20 / 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
TRUMP, DONALD J, , ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOBIOTAL OF REMIZED INDEPENDENT Expenditures	236359.50
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7
(c) TOTAL Independent Expenditures	274904.10
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
· Date	0 21 2016
Signature	